

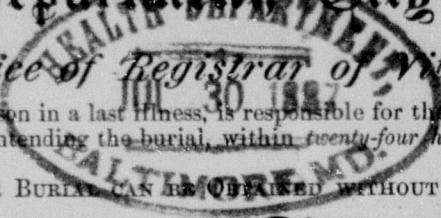
Physician is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1840 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.



C

CERTIFICATE OF DEATH.

Date of Death, July 29, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. W. Smith (John Wesley)

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 30 Years, Months, Days

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Teamster

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, life times

Place of Death, { Give Street and Number. } 54 S. Duncan Alley

Cause of Death, { First (Primary),
Second (Immediate), } Sun Stroke

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 31st 1887

{ Undertaker, Sam'l W. Chase

{ Place of Business, 64 S. Howard

E. P. Evans

M. D.

Medical Attendant.

Address, 1835 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

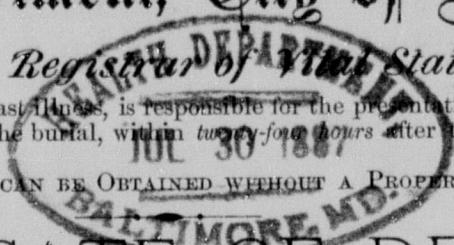
Permit No. A 1841

Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *two* ~~and~~ *four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 29, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Henry Smith

Male

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 Years,

Months,

Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Nothing special

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

City Hospital, Cor. Calvert & South

Cause of Death, { First (Primary),
Second (Immediate), }

Phthisis

Heart Failure

Duration of Last Sickness,

Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, E. Park Cemetery

Date of Burial, July 30, 1887

C.A. Ray

M. D.

{ Undertaker, Geo. Rishel, }

Medical Attendant.

{ Place of Business, Health Office Address, City Hospital }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

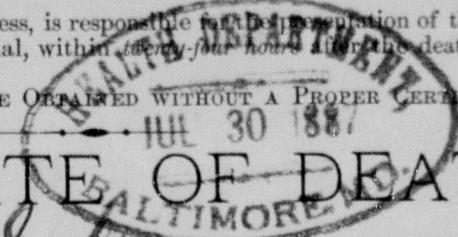
[OVER.]

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

Permit No. A 1842 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death, 27

July 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mrs Rachel Donnan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 75 Years,

Months,

Color,

Colored

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Midwife

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Anne Arundel Co Md.

Duration of Residence in the City of Baltimore,

24 yrs

Place of Death, { Give Street and Number. }

811 S. Beardenhall St

Cause of Death, { First (Primary),

Bilious diarrhea

Second (Immediate), Cerebral - meningitis

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Century

L. D. Oger

M. D.

Date of Burial, July 30, 1887

Undertaker, H. Scobie Rose

Medical Attendant.

Place of Business, 404 Germany

Address, 224 W. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No.

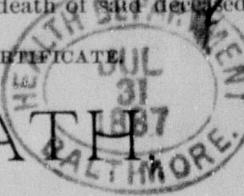
A 1843

Office of Registrar of Vital Statistics.

Ward 72

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death,

July 29 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah Hep (Hess)

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 70

Years,

Months,

Days.

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

40 years

Place of Death, { Give Street and Number. }

Hebrew Hospital

Cause of Death, { First (Primary),
Second (Immediate), }Cancer of liver
Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eden at synagogue Cemetery

Date of Burial, July 31st 1887

A. Freedman

M. D.

{ Undertaker, Evans & Spence }

Medical Attendant.

{ Place of Business, Balt & Exte } Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

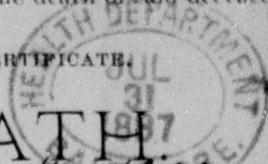
1844

Office of Registrar of Vital Statistics.

Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, — Years, — Months, — Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, { if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number.

Cause of Death, { First (Primary), { Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 31st 1887

{ Undertaker, Morgan and Pyle

{ Place of Business, 103. Mulberry St

Address,

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

John Mc. De Goly, Inspector [OVER.]

No. 1845

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1845 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

July 30 87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Francis A. Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, One year Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

V

Occupation,

Balt City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

707 Harbor Ave

Cause of Death, { First (Primary), Second (Immediate), }

Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's G.

Date of Burial, July 31 1887

{ Undertaker, Joseph Burns

J. H. Rohm

M. D.

Medical Attendant.

{ Place of Business, 30 N Gay & Address, 707 Green St Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No.

1846

Office of Registrar of Vital Statistics.

Ward

6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 30/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Marion A. Downes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Stone cutter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } S.W Cor. Orleans & Castle Sts.

Cause of Death, { First (Primary), Chronic Cystitis }

{ Second (Immediate), General Failure of strength }

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 1st 1887

{ Undertaker, Wm S Fry }

{ Place of Business, 221 N Broadway Address,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The SPECIAL ATTENTION OF PHYSICIANS IS ESPECIALLY DRAWN TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Health Department, City of Baltimore.

Permit No. A

1847 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

July 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anne Mary Russell

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, — Years,

11

Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Life

Duration of Residence in the City of Baltimore,

332 Park Av.

Place of Death, { Give Street and Number. }

Acute Hemoptysis

Cause of Death, { First (Primary),

Coronae

Second (Immediate),

Endone hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Park

Date of Burial, July 31 1887

{ Undertaker, A. Rosenberg M. D.

{ Place of Business, 327 Park Av Address, 108th Street

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The signature or initials of the Physician is responsible for the accuracy of the information given, and the date of issuance or date of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1848 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

July 30 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Maggie Tydings

Sex, Male or Female, { Cross out the word not required in this line.

Age, 3 Years, — Months, — Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number.

Cause of Death, { First (Primary),
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 31 1887

Undertaker,

Henry Koch & Son

M. D.

Medical Attendant.

Place of Business,

1023 Cultural Ave Address, 725 Green St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1849 Office of Registrar of Vital Statistics. Ward 4^{1/2}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29 July 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Anna Wiercking

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 59 Years, 8 Months, — Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Hirschbrust - Bavaria -

Duration of Residence in the City of Baltimore, 29 years 29 years in U.S.

Place of Death, { Give Street and Number. } President St 309

Cause of Death, { First (Primary), Pneumonia tubularis. Second (Immediate), Weakness }

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, Aug 1st 1887

Undertaker, Henry Lander & Son

Place of Business, 1410 Central av

Dr. S. Seidenst. M. D.

Medical Attendant.

Address, 720 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]